

Department of Agriculture
Rural Development
MPH Physical Inspection

Section I: General Information						
Servicing Official: <i>J. Vieira</i>			Date: <i>6-24-15</i>			
Type of Visit: <i>Comp. Rev.</i>			Year Built: 1968			
Property Name: OKEE/OSCEOLA CENTER						
Management Agent Name: BELLE GLADE HOUSING AUTHORITY			No. of Units: 713			
Borrower Name: BELLE GLADE HOUSING AUTHORITY			RA Units: 224			
Borrower ID and Project No: 699911096 01-4			Project Type: Family			
<p>Directions: Indicate A=Acceptable. Acceptable indicates that the condition is satisfactory or up to industry standard. F=Finding. A finding is a failure to meet physical standards that indicate a widespread occurrence or pattern of a physical problem that should be corrected through routine procedures. Health & Safety, or accessibility issues are either a finding or V=Violation (a finding that because of its severity requires using the three servicing letters, and possibly the pursuit of acceleration). N/A=Not Applicable. For each finding or a violation, use the comment section to provide an explanation of the problem including possible corrective action. Indicate the Estimated Completion Date (ECD) in the column provided. The comment section may be used for observations or notes.</p>						
Section II: Exterior Site Inspection		A	F	V	ECD	N/A
Utilities		✓				
Drainage and Erosion Control		<i>Okeechobee ctr. buildings need fill</i>				
Landscaping and Grounds						
Drives, Parking Surfaces and Walks						
Exterior Signage		✓				
Site Accessibility		✓				
Fences and Retaining Walls		✓				
Debris and Graffiti						
Lighting		✓				
Foundation		✓				
Exterior Walls and Siding		<i>Bldgs need paint</i>				
Roofs, Flashing and Gutters						
Windows, Doors and Exterior		✓				
Common Area Signage		✓				
Common Area Accessibility		✓				

Comments/Observations (use additional sheet(s) as needed):

*Vacants: 1244
2193*

*Okeechobee Ctr. bldgs. are in the process of being painted.
Service is being donated by members of Christ Fellowship
Church. Osceola Center painting will follow.*

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Depa

MFH

1-C Saffron Street

Worksheet

Project Name: OKEE/OSCEOLA CENTER
 Tenant Name: Jeremiah Wignall
 Unit#: 1020
 Occupancy Date: 11-12-08
 Directions: Use this worksheet as a guide information or mark the appropriate box in comments/observation section. Use data fr

General

1. How many people live in household? 1
 2. Did you pay a security deposit? If so, \$ _____
 3. How much do you pay for rent? \$ 101
 4. How much do you pay for utilities? \$ _____
 5. *Are you working? If so where? _____
 6. *If no, how do you pay your rent and expenses? _____
 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
 8. Do you understand the income verification and certification process?
 9. Do you know about the grievance process?
 10. *Do you find the management's response to your request for repairs acceptable? Why or why not?
 11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

12. Has the owner made reasonable accommodations as requested?
 For Fully Accessible Unit
 13. Do you have a need for the accessibility features of this unit?
 14. If not, does your lease require you to move if an individual needing these features applies?

OKee Obd
 appropriate
 n as needed in the
 NO N/A
 YES NO N/A
 ✓
 ✓

Comments/Observations (use additional sheet(s) as needed):

No English

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Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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Department of Agriculture

R1

MFH 1

3-0 Burke
Street
(31)

Worksheet for:

Project Name:	OKEE/OSCEOLA CENTER
Tenant Name:	Doroteo Maldonado
Unit#:	1028
Occupancy Date:	9-6-11
Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, comments/observation section. Use data from	

Kee O ba	
Appropriate as needed in the	

General

1. How many people live in household?	
2. Did you pay a security deposit? If so, how much?	
3. How much do you pay for rent?	\$
4. How much do you pay for utilities?	\$
5. *Are you working? If so where?	
6. *If no, how do you pay your rent and expenses?	
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	
8. Do you understand the income verification and certification process?	
9. Do you know about the grievance process?	
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	
11. *Do you find the Maintenance acceptable? Why or why not?	

NO	N/A
----	-----

Accessibility

12. Has the owner made reasonable accommodations as requested?	YES	NO	N/A
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings						
Windows						
Refrigerator						✓
Range and Range Hood						✓
Sinks						
Cabinets						
Flooring						
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations(use additional sheets(s) as needed):

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Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets (s) as needed):

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1-D
CARVER
Street
(135)

0 bd.

ded in the

D	N/A
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Comments/Observations (use additional sheet(s) as needed):

Department of Agriculture
Rural Development
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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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Department
Rural
MFH Phys

Worksheet for MF

Project Name: OKEE/OSCEOLA CENTER
Tenant Name: Emmanuel Ferdinand
Unit#: 1191
Occupancy Date: 5-1-99
Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, NO) comments/observation section. Use data from MFI.

General

1. How many people live in household?
2. Did you pay a security deposit? If so, how much?
3. How much do you pay for rent? \$
4. How much do you pay for utilities? \$
5. *Are you working? If so where?
6. *If no, how do you pay your rent and expenses?
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?
11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

12. Has the owner made reasonable accommodations as requested?
For Fully Accessible Unit
13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

4 Davis
Street
195

ate
eeded in the
NO N/A

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Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General					
Water Heaters	A ✓	F	V	ECD	N/A
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation	✓				
Living Room/Dining Room					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	<i>Needs to be scraped & painted</i>				
Refrigerator	<i>tenant owns</i>				
Range and Range Hood					✓
Sinks					✓
Cabinets					
Flooring					
Accessibility					✓
Bathroom					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings	<i>Paint peeling</i>				
Doors					
Flooring					
Accessibility					✓
Bedroom #2					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows	<i>Paint peeling</i>				
Flooring					

Comments/Observations (use additional sheets(s) as needed):

Mold throughout unit

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84-A

DAVIS

Street

251

Wo

Project Name: OKEE/OSCEOLA CENTER
 Tenant Name: Raul Mejia
 Unit#: 1248
 Occupancy Date: 9-15-11
 Directions: Use this worksheet to
 provide information or mark the appropriate
 comments/observation section. Use

Unit Type: Okee 2 bd.
 FC: 342
 Enter the appropriate
 information as needed in the

YES NO N/A

1. How many people live in house
2. Did you pay a security deposit? If so, ...
\$
3. How much do you pay for rent? \$ 79 week
4. How much do you pay for utilities? \$ water \$20/elec \$60-70
5. *Are you working? If so where? SUGAR
6. *If no, how do you pay your rent and expenses?
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?
11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

YES NO N/A

12. Has the owner made reasonable accommodations as requested?
- For Fully Accessible Unit
13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

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Department of Agriculture
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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER				Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				✓
Emergency Call System (if installed)						✓
Fire Protection		✓				✓
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door <i>needs seal replaced</i>						
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets <i>need replaced</i>		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity		✓				
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets(s) as needed):

Hole in wall behind washer
Cable by front needs to be removed - trip hazard

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Dep:

MFJ

Worksheet

Project Name: OKEE/OSCEOLA CENTER
 Tenant Name: Pamela D. Woods
 Unit#: 1306
 Occupancy Date: 6-27-87
 Directions: Use this worksheet as a guide
 information or mark the appropriate box(Y
 comments/observation section. Use data fr

General

1. How many people live in household?
2. Did you pay a security deposit? If so, how much:
\$ _____
3. How much do you pay for rent? \$ _____
4. How much do you pay for utilities? \$ _____
5. *Are you working? If so where? _____
6. *If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?
11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

25-B
 EVERGLADES
 STREET
 (312)

Okee 2 bd.

appropriate
 on as needed in the

NO

N/A

YES

NO

N/A

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Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General					
Water Heaters	A	F	V	ECD	N/A
Emergency Call System (if installed)	✓				✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	✓				
Refrigerator	✓				✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
Bathroom					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
Bedroom					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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Worksheet for ME

Project Name: OKEE/OSCEOLA CENTER
 Tenant Name: Lucerson Guerrier
 Unit#: 1376
 Occupancy Date: 2-20-15
 Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, NO) in the comments/observation section. Use data from MF1

General

1. How many people live in household?
 2. Did you pay a security deposit? If so, how much?
 \$ _____

3. How much do you pay for rent? \$ _____

4. How much do you pay for utilities? \$ _____

5. *Are you working? If so where? _____

6. *If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. *Do you find the management's response to your request for repairs acceptable? Why or why not?

11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

YES

NO

N/A

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

25-A

Kouskoff

Street

cc 2 bd.

late needed in the

391

NO

N/A

Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Windows	✓				
Refrigerator	✓				✓
Range and Range Hood	✓				✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
Bathroom	A	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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De:

M

Worksheet

Project Name: OKEE/OSCEOLA CENTER
 Tenant Name: Juan Cristobal
 Unit#: 1429
 Occupancy Date: 5-21-14
 Directions: Use this worksheet as a guide to provide information or mark the appropriate box in the comments/observation section. Use data

General

1. How many people live in household?

2. Did you pay a security deposit? If so, how much?

\$ 440 approx.

3. How much do you pay for rent?

\$ 96 WEEK \$390 approx.

4. How much do you pay for utilities?

\$ elec \$170-150/water \$120-150

5. *Are you working? If so where?

grass

6. *If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. *Do you find the management's response to your request for repairs acceptable? Why or why not?

11. *Do you find the Maintenance acceptable? Why or why not?

Accessibility

YES

NO

N/A

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

"prefers Osceola" "Diane very nice"

63
EVERGLADES
TERACE
339

NO N/A
 appropriate
 ion as needed in the

Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters	✓					
Emergency Call System (if installed)						✓
Fire Protection	✓					
Accessibility						✓
Electrical, Air Conditioning and Heating	✓					
Insect/Rodent Infestation	✓					
Living Room/Dining Room	A	F	V	ECD	N/A	
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen	A	F	V	ECD	N/A	
Walls and Ceilings	✓					
Windows <i>needs screen</i>	✓					
Refrigerator						✓
Range and Range Hood						✓
Sinks	✓					
Cabinets	✓					
Flooring	✓					
Accessibility						✓
Bathroom	A	F	V	ECD	N/A	
Water Closet <i>fan not working</i>						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom	A	F	V	ECD	N/A	
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

"scared of light fixture (bathroom) but doesn't work"

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Department of Agriculture
Rural Development
MFH Physical Inspection

1570 12th DR

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER				
Tenant Name: Yolander Felton				
Unit#: 2038	Unit Type: Osc 1 bd.			
Occupancy Date: 8-4-14	NTC: 17			
<p>Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.</p>				
General		YES	NO	N/A
1. How many people live in household?				
2. Did you pay a security deposit? If so, how much?				
\$ _____				
3. How much do you pay for rent? \$ _____				
4. How much do you pay for utilities? \$ _____				
5. *Are you working? If so where? _____				
6. *If no, how do you pay your rent and expenses?				
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?				
8. Do you understand the income verification and certification process?				
9. Do you know about the grievance process?				
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?				
11. *Do you find the Maintenance acceptable? Why or why not?				
Accessibility		YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?				
For Fully Accessible Unit				
13. Do you have a need for the accessibility features of this unit?				✓
14. If not, does your lease require you to move if an individual needing these features applies?				✓

Comments/Observations (use additional sheet(s) as needed):

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Department of Agriculture
Rural Development
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet <i>TP holder missing</i>						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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Department of Agriculture
Rural Development
MFH Physical Inspection

1462 12th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <i>Gwendolyn Fashaw</i>			
Unit#: <i>2087</i>	Unit Type: <i>Osc 1 bd.</i>		
Occupancy Date: <i>3-1-01</i>	NTC: <i>64</i>		
<p>Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.</p>			
General	YES	NO	N/A
1. How many people live in household? <i>1</i>			
2. Did you pay a security deposit? If so, how much? \$ <i>doesn't remember</i>			
3. How much do you pay for rent? \$ <i>64</i>			
4. How much do you pay for utilities? <i>\$ water \$73/elec \$190</i>			
5. *Are you working? If so where? _____		✓	
6. *If no, how do you pay your rent and expenses? <i>SSI disabled farmworker</i>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	✓		
8. Do you understand the income verification and certification process?	✓		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	✓		
11. *Do you find the Maintenance acceptable? Why or why not?	✓		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"never had no problem"

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Rural Development
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door		✓				
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity		✓				
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets(s) as needed):

Replace light cover in bedroom + bedroom closet

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MFH Physical Inspection

1629 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Alfredo Trevino</u>			
Unit#: <u>2138</u>	Unit Type: <u>OSC 3 bd.</u>		
Occupancy Date: <u>9-1-98</u>	NTC: <u>407</u>		
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
General	YES	NO	N/A
1. How many people live in household? <u>5</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>98/week</u>			
4. How much do you pay for utilities? \$ <u>elec \$139 water \$130</u>			
5. *Are you working? If so where? <u>Duda</u>	✓		
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	✓		
8. Do you understand the income verification and certification process?	✓		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	✓		
11. *Do you find the Maintenance acceptable? Why or why not?	✓		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"Sometimes take a little long to fix things
but they fix it"

"like it here better than other places"

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MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Windows	✓				
Refrigerator					✓
Range and <u>Range Hood</u> <i>rusted</i>					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
Bathroom	A	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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MFH Physical Inspection

1664 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Alexandra Gallegas</u>			
Unit#: <u>2191</u>		Unit Type: <u>OSC 2bd.</u>	
Occupancy Date: <u>1-21-11</u>		NTC: <u>342</u>	
<p>Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.</p>			
General		YES	NO
		N/A	
1. How many people live in household? <u>3</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>73 approx.</u>			
4. How much do you pay for utilities? \$ <u>elec \$100/water \$100</u>			
5. *Are you working? If so where? <u></u>		<input checked="" type="checkbox"/>	
6. *If no, how do you pay your rent and expenses? <u>stacks gross (husband)</u>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?		<input checked="" type="checkbox"/>	
8. Do you understand the income verification and certification process?		<input checked="" type="checkbox"/>	
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?		<input checked="" type="checkbox"/>	
11. *Do you find the Maintenance acceptable? Why or why not?		<input checked="" type="checkbox"/>	
Accessibility		YES	NO
		N/A	
12. Has the owner made reasonable accommodations as requested?			<input checked="" type="checkbox"/>
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			<input checked="" type="checkbox"/>
14. If not, does your lease require you to move if an individual needing these features applies?			<input checked="" type="checkbox"/>

Comments/Observations (use additional sheet(s) as needed):

wife unemployed
"like living here, it's really good"

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Rural Development
MFH Physical Inspection

1471 12th St

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Clifford Dandison</u>			
Unit#: <u>2244</u>	Unit Type: <u>Osc 3bd.</u>		
Occupancy Date: <u>7-15-05</u>	NTC: <u>407</u>		
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
General	YES	NO	N/A
1. How many people live in household? <u>4</u>			
2. Did you pay a security deposit? If so, how much? \$ _____	✓		
3. How much do you pay for rent? \$ <u>94/week</u>			
4. How much do you pay for utilities? \$ <u>elec \$200/water \$123</u>			
5. *Are you working? If so where? _____	✓		
6. *If no, how do you pay your rent and expenses? <u>tractor driver</u>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	✓		
8. Do you understand the income verification and certification process?	✓		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	✓		
11. *Do you find the Maintenance acceptable? Why or why not?	✓		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"like living in the area"

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MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters <i>rusted</i>		✓				✓
Emergency Call System (if installed)		✓				✓
Fire Protection		✓				✓
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood <i>rusted</i>						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet <i>need lightcover</i>		✓				
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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Department of Agriculture
Rural Development
MFH Physical Inspection

1410 114h st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Miguel Perez Jr.</u>			
Unit#: <u>2318J</u>		Unit Type: <u>Osc 2 bd.</u>	
Occupancy Date: <u>8-22-08</u>		NTC: <u>342</u>	
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
General	YES	NO	N/A
1. How many people live in household? <u>6</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>79.-</u>			
4. How much do you pay for utilities? <u>\$ elec \$50 water \$50</u>			
5. *Are you working? If so where? <u>sugar house</u>	✓		
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	✓		
8. Do you understand the income verification and certification process?	✓		
9. Do you know about the grievance process?	✓		
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	✓		
11. *Do you find the Maintenance acceptable? Why or why not?	✓		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"Likes it"

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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)		✓				✓
Fire Protection		✓				✓
Accessibility		✓				✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door		✓				
Walls and Ceilings						
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings						
Windows		✓				
Refrigerator <i>rusted - owned by tenant</i>						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity <i>door off hinge</i>						
Walls and Ceilings						
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets (s) as needed):

Unit needs to be painted

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Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator					✓
Range and Range Hood					✓
Sinks					
Cabinets					
Flooring					
Accessibility					✓
Bathroom	A	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring <i>need tile replaced behind toilet</i>					
Accessibility					✓
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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Department of Agriculture
Rural Development
MFH Physical Inspection

1631 12th St.
DR

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		Unit #: 2193			
Is this unit vacant?: YES		Date vacated: 9-30-14		Rent Ready: NO	
Tenant Name:					
Apartment Unit - General					
Water Heaters	A	F	V	ECD	N/A
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	✓				
Refrigerator	✓				✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
Bathroom					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall	✓				
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
Bedroom					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

Unit needs to be cleaned

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Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #: 1244 1362 Okee Ctr.		
Is this unit vacant?: <i>YES</i>			Date vacated: <i>4-1-15</i>		Rent Ready: <i>NO</i>
Tenant Name: _____					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door	✓				
Walls and Ceilings	✓				
Door and Windows	✓				
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Windows	✓				
Refrigerator					✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring					
Accessibility					✓
Bathroom	A	F	V	ECD	N/A
Water Closet	✓				
Bathtub and Shower Stall	✓				
Sinks/Vanity	✓				
Walls and Ceilings	✓				
Doors	✓				
Flooring					
Accessibility					✓
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Door and Windows	✓				
Flooring					

Comments/Observations (use additional sheets(s) as needed):

Need to strip & clean floors

Unit has been repainted & some electrical work completed

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